

CUSTOMER SATISFACTION SURVEY

DATE _____

To help us serve you better, please complete this survey. Your honest and constructive responses will help us improve the quality of services. Please answer the questions which apply to your visit. Return the form to the survey box at the reception desk or to The Post Claims Office, Fort Sill, OK 73503.

THANK YOU FOR HELPING US SERVE YOU BETTER.

PLEASE ANSWER THE FOLLOWING QUESTIONS BY MARKING THE APPROPRIATE "YES" OR "NO" BOX.

	YES	NO
Did the receptionist, _____, provide prompt and courteous service? (name)		
If you were helped by a claims adjudicator, did the adjudicator _____, provide prompt and courteous service? (name)		
Were you provided with the information you needed?		
Was the information clear? In the event the information was not clear to you, did our personnel clarify the information for you?		
Was your claim handled fairly and professionally?		

What was the reason for your visit? (please circle the appropriate answer)

"Pink Sheets" MP Report Obtain Forms/Info Turn-in Claim Tort Claim Med-Care
Other

How do you rate our overall service to you?

(EXCELLENT) (VERY GOOD) (GOOD) (FAIR)
(POOR)

How do we compare with other Claims offices you have used in the past?

(MUCH BETTER) (BETTER) (ABOUT THE SAME) (WORSE) (MUCH WORSE) (FIRST VISIT)

What did we do well? _____

What could we do better? _____

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If you wish to speak with the Chief of The Post Claims Office about your visit, check here.

NAME

PHONE NUMBER